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Why do Women Choose Birth at Home in Türkiye: Metaphor Analysis

Türkiye'de Kadınlar Neden Evde Doğumu Seçiyor: Metafor Analizi

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ABSTRACT

Objective: As a result of the medicalization of childbirth, home births have moved into hospitals. Today, although a large proportion of births take place in hospitals, the number of women who prefer to give birth at home is increasing significantly. Metaphorical analysis is important to understand women's perspectives on home birth and their reasons for giving birth at home. The aim of the study is to uncover women's perceptions of home birth through metaphorical analysis.

Methods: The study was carried out between June-July 2022. The design of the study was planned as a qualitative design and typical individual interview. The study population consisted of women who gave birth at home. The research data were collected using the personal information form and semi-structured interview form with the purposeful sampling method. The data was collected by recording the one-on-one interview, which lasted one hour. The study was completed with 13 women who gave birth at home (n=13). Qualitative content analysis was used to identify themes.

Results: Analyzing the socio-demographic characteristics of the women who participated in the study, the mean age was 31.15 ± 7.19, 38.5% were university graduates, 61.5% considered their income status to be medium, 61.5% had two or more births and 53.8% had only a midwife present during birth. According to the results of the study, a total of 12 metaphors were defined by women giving birth at home. The metaphors were grouped into 2 categories as positive and negative perceptions according to their common characteristics. It was determined that 77% of the women participating in the study produced positive and 23% negative metaphors. Positive metaphors used by the women are peace (2), dream (1), education (1), sleep (1), blue rose (1), miracle (1), holiness (1), pearl (1), contemplation of the universe; negative metaphors are difficult (1), old people (1) and torture (1).

Conclusion: Metaphor analysis can be used as a powerful research tool to understand, uncover and explain women's perceptions of home birth. It was found that most women who participated in the study had positive perceptions of home birth and that women generally valued the comfort and privacy provided by the home environment. It is recommended that provision should be made for comfort and privacy in areas where labour takes place in health facilities, and that health professionals should support women in these matters

ÖZ

Amaç: Doğumların medikalleşmesi sonucunda evde doğumlar hastaneye taşınmıştır. Günümüzde, doğumların büyük bir oranı hastanede gerçekleşmesine rağmen evde doğumu tercih eden kadınların sayısı azımsanmayacak boyutta artmaktadır. Metaforik analiz, kadınların evde doğum yapmasına bakış açısını ve evde doğum yapma nedenlerini anlamak açısından önemlidir. Çalışmanın amacı, kadınların evde doğum yapma algılarını metaforik analiz aracılığıyla ortaya çıkarmaktır.

Yöntem: Çalışma, Haziran-Temmuz 2022 tarihleri arasında yapılmıştır. Çalışmanın tasarımı, nitel tasarımda ve tipik bireysel görüşme olarak planlanmıştır. Çalışmanın evrenini evde doğum yapan kadınlar oluşturmaktadır. Araştırma verileri, amaçlı örnekleme yöntemi ile Kişisel Bilgi Formu ve Yarı yapılandırılmış görüşme formu kullanılarak toplanmıştır. Veriler, 1 saat boyunca yapılan birebir görüşme kaydedilerek toplanmıştır. Çalışma evde doğum yapan 13 kadın ile tamamlanmıştır (n=13). Temaların ortaya çıkması için nitel içerik analizi yapılmıştır.

Bulgular: Araştırmaya katılan kadınların sosyo-demografik özellikleri incelendiğinde, yaş ortalamasının 31,15 ± 7,19 olduğu, %38,5'inin üniversite mezunu olduğu, %61,5'inin gelir durumunu orta olarak değerlendirdiği, %61,5'inin iki veya daha fazla doğum yaptığı ve %53,8'inin doğum sırasında yanında sadece ebe olduğu görülmüştür. Çalışma bulgularına göre evde doğum yapan kadınlar tarafından toplam 12 metafor tanımlanmıştır. Metaforlar ortak özelliklerine göre olumlu ve olumsuz algılar olarak 2 kategori altında toplanmıştır. Çalışmaya katılan kadınların % 77'sinin olumlu ve %23'ünün olumsuz metafor ürettiği belirlenmiştir. Kadınlar tarafından kullanılan olumlu metaforlar; huzur (2), rüya (1), eğitim (1), uyku (1), mavi gül (1), mucize (1), kutsallık (1), inci (1), evreni tefekkür; olumsuz metaforlar ise zor (1), yaşlı insanlar (1) ve işkence (1) şeklindedir.

Sonuç: Evde doğum yapan kadınların; evde doğum yapmak ile ilgili algılarının anlaşılmasında, ortaya çıkarılmasında ve açıklanmasında metaforik analiz güçlü bir araştırma aracı olarak kullanılabilir. Çalışmaya katılan kadınların çoğunluğunun evde doğum yapmakla ilgili olumlu algılarının olduğu ve kadınların genellikle ev ortamının sağladığı konfor ve mahremiyet üzerinde durduğu görülmüştür. Sağlık kuruluşlarında doğum eyleminin gerçekleştiği alanlarda konfor ve mahremiyet açısından düzenlemelerin yapılması ve sağlık profesyonellerinin bu konularda kadınlara destek olması önerilmektedir.

INTRODUCTION

A metaphor is considered the most powerful tool for an individual to understand and explain an abstract complex reality at a high level (Saban, Koçbeker and Saban, 2006). Metaphors assist us understand how people view the universe and reality by expressing one thing in terms of another (Lakoff and Johnson, 1980). Our views, attitudes, perceptions, and thoughts are influenced by metaphors (Richardson, 1996). Because of this, the metaphors used by women who gave birth at home reveal their opinions and viewpoints on doing so. According to the literature, metaphor emphasizes the value of metaphorical language for revealing unconscious attitudes and ideas underlying consciously held perspectives (McGrath, 2006; Seferoğlu, Korkmazgil and Olcu, 2009). When explaining a topic, a person's choice of metaphorical terms influences their attitudes, thoughts, and performance (Thornburry, 1991). This will result in the development of new perceptions and interpretations of birth at home and its causes as we look for metaphors to replace the existing ones. Although giving birth out of the hospital is still a debatable issue currently, ACOG and other authoritative organizations stated that mothers have the right to choose their places of birth, and home birth is an option, when necessary, conditions are met (ACOG, 2020; ICM, 2017). When studies are reviewed, it is concluded that although prevalence of home birth changes from country to country, global prevalence is 28% which is low in Europe and Middle Asia (5%), and high in East Asia and the Pacific (38%) (Hernández-Vásquez, Chacón-Torrico and Bendezu-Quispe, 2021). Prevalence of home birth in our country was 10% in 2008, and this rate decreased to <%1 in 2018 (TNSA, 2018). The prevalence of home births was shown to be influenced by socioeconomic factors and a variety of other demographic characteristics (Hernández-Vásquez et al., 2021).

Many national organizations specified certain criteria for planned home birth and required necessary conditions for maternal/fetal health (ACOG, 2020; ICM, 2017;). With an expert health professional, many benefits of home birth have been determined for pregnant women who meet the necessary criteria and their babies (Quigley et al., 2016). While American College of Nurse Midwives and Midwives Alliance of North America support information about place of birth, freedom of choice and home birth if preferred, ACOG (American Committee of Obstetrics and Gynecology) and the American Academy of Pediatrics state that hospitals or birth centres are the safest place to give birth, regardless of women's risk status (APA, 2013; MANA, 2014; ACNM, 2015; Birth, 2017). NICE has reported that home birth for low-risk multiparous women is safe for the baby and requires fewer interventions than hospital birth (NICE, 2014).

In order to reduce perinatal mortality in home births, it has been emphasized that it should be a low-risk pregnancy, the birth should be planned under the supervision of a certified midwife or obstetrician, there should be communication with the nearby hospital, and the pregnant woman should have the opportunity for safe and timely transport to the hospital when necessary (ACNM, 2015; APA, 2013; Birth, 2017; MANA, 2014). Every birth is a risk. If a situation arises during a home birth that requires transfer, the time it takes to reach the hospital and intervene can be lost. There is no specialized team or equipment at home (Onat, 2009). Literature in unplanned home births more low-birth-weight babies and preterm births have been reported(Boland et al., 2018).

According to the results of a systematic review newborns in unplanned home births low birth weight, prematurity high risk of being hospitalized, hospitalization long duration and risks of NICU admission high, neonatal complications high neonatal morbidity and mortality rates were found to be high (Dağ Tüzmen & Altuntuğ, 2023). However, home birth provides many advantages such as increased freedom of movement of the pregnant woman, participation of family members in the birth and reduction of unnecessary interventions (Zielinski, Ackerson and Low, 2015). The good effects of home birth on mother and fetal health are supported by numerous research in the literature (Cheng, Snowden, King and Caughey, 2013; Cheyney et al., 2014; Grünebaum et al., 2015). Although home birth has many positive effects on the health of mother and baby, home birth is not supported in Türkiye. Hospital births are recommended in Türkiye due to many reasons such as insufficiency of the midwifery care system, taking medical care as a basis, and birth fear, and studies have been conducted in this regard. It is important to identify the perceptions of women who give birth at home. Purpose of this research to reveal the perceptions of women giving birth at home via metaphors.

METHOD

Research design

This study was designed in a qualitative pattern.

Population and sample

The study population consisted of women who gave birth at home. The sample was selected using a purposive sampling technique. This sampling technique was used to determine all scenarios that met a set of predetermined criteria (Creswell, 2013). Women who agreed to participate in the study, gave informed consent, lived in Konya, had at least one home birth in the last five years and could communicate in Turkish constituted the conditions of the study group. In-depth interviews were conducted with the sample. Interviews continued until data saturation was reached. Interviews continued until data saturation was reached. Analysis of the socio-demographic characteristics of the participants showed that the mean age was 31.15 ± 7.19 years, 38.5% were university graduates, 61.5% had an income equivalent to their expenses and 53.8% had only one midwife at the birth (Table 1).

Table 1: Characteristics of the Participants (n = 13)

Descriptive Characteristic	N (%)	Average
Age		31.15 ± 7.19
Educational level		
Primary school	3 (% 23.1)	
Middle school	2 (% 15.4)	
High school	3 (% 23.1)	
University	5 (% 38.5)	
Income status		
Low (income less than expenses)	2 (% 15.4)	
Moderate (equivalent to income and expenses)	8 (% 61.5)	
High (income more than expenses)	3 (% 23.1)	
Number of pregnancies		
One	5 (% 38.5)	
2 and above	8 (% 61.5)	
Number of births		
One	5 (% 38.5)	
2 and above	8 (% 61.5)	
The person who was with you at the time of birth		
Midwife	7 (% 53.8)	
Midwife and Spouse	5 (% 38.5)	
Midwife and Mother	1 (% 7.7)	

Data collection

The study was carried out between June-July 2022. One-to-one interviews were used to collect qualitative information on home birth. The interviews were conducted by the lead researcher, who was unknown to the mother but introduced herself as the researcher and had experience in qualitative research. To encourage as much participation as possible, social media platforms (whatsapp, facebook, instagram) were used to invite women who had given birth at home in the last five years. Data were collected from women who responded and met the inclusion criteria. Interviews usually lasted about one hour. Women preferred to be interviewed by telephone in their own homes, as this provided a familiar and comfortable environment. The cosy conditions allowed for a pleasant and open conversation, which encouraged more insightful and in-depth discussion and thus richer data collection. All interviews were digitally recorded using the phone's call recording function and coded with the consent of all participants. Prior to commencement, a pilot study was conducted with two participants to assess the understandability of the data collection instruments. Data from the pilot study were not included in the study.

Data collection tools

The data were collected using a personal information form and a semi-structured interview form prepared by the researchers.

Personal information form

The personal information form, which was prepared by the researchers by reviewing the literature (Kulhan et al., 2017; Çalış and Özsoy, 2021), consisted of 8 questions, including the sociodemographic and obstetric characteristics of the participants (age, educational status, employment status, income level, number of pregnancies, number of births, people who were with them during home birth, and experiencing any problems during home birth).

Semi-structured interview form

In the form prepared by the researchers in line with the literature (Coburn and Doering, 2021; Lang, Farnell and Quinlan, 2021) it is like 'Giving birth at home is similar to ...Because" there is an open-ended question. In studies where metaphors are used as a research tool, the word "similar" is used to reveal the connection between the metaphor and the source of the metaphor, and the word "because" is used to provide a justification for the metaphors produced (Creswell, 2013; Yıldırım and Şimşek, 2018).

Data analysis

This study was conducted using the data and metaphors from 13 participants. The sociodemographic characteristics were analyzed using SPSS software version 21.0 (SPSS, Inc., Chicago, IL, USA), and numbers and percentages were used to present statistical data. The qualitative data were analyzed manually, and the documents were reviewed until data saturation was achieved (Guest, Namey and Chen, 2020; Braun and Clarke, 2021). The data were analyzed using a content analysis approach (Büyüköztürk, Kılıç-Çakmak, Akgün, Karadeniz and Demirel, 2016).

The primary goal of content analysis was to identify the ideas and connections that could be used to explain the data that had been gathered. In this process, data were subjected to in-depth analysis, and the concepts and themes related to the subject being studied were identified. The data that were like each other were gathered in a logical way, clearly arranged, and interpreted (Elo et al., 2014). Metaphors described by the participants were analyzed and interpreted at four phases: identification, elimination, categorization, and validity and reliability. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed in this study (Tong, Sainsbury and Craig, 2007).

Phase 1. Identification

The metaphors created by the women in phase 1 were first listed in alphabetical order. In this case, it was determined whether each woman had effectively used a certain metaphor. At this point, the metaphor presented on the paper by the women giving birth at home was merely coded.

Phase 2. Elimination

Phase 2 involved examining each metaphor using "metaphor analysis" and "content analysis" approaches and analyzing it for similarities to other metaphors and shared traits. To achieve this, each metaphor used by the women who gave birth at home was read and assessed one at a time, and each metaphoric image was examined in terms of (1) the metaphor's topic, (2) its source, and (3) the relationship between the subject and source of the metaphor. One type of exclusion involved metaphors that didn't make sense or didn't help people understand the concept of "birth at home," as well as comments that merely used analogies or omitted the source of the metaphor (n = 1). The researchers did not include any statements that helped the study's objectives in the response sheets they deleted.

Phase 3. Categorization

In this stage after the elimination stage, metaphors were reviewed related to the home birth concept in terms of common features considering the collected data. According to metaphor lists, every metaphor produced by women was grouped under a theme.

Phase 4. Validity and reliability

One of the most important criticisms of qualitative research is the issue of validity and reliability. First, it's crucial to achieve validity, or plausibility, in qualitative studies. The fact is that one important requirement for

achieving validity in a study is that researchers thoroughly describe the data they collected and how they arrived at their conclusions (Trainor and Graue, 2013). As a result, the study's Methods section gave a detailed explanation of how the data were examined. Additionally, a thorough explanation of the metaphors' justifications and how their associated categories came to be chosen was provided. To guarantee the validity of the study, all four researchers collaborated effectively from the start and resolved disagreements when they arose. The first author mostly independently coded the data. After that, the other authors looked over the analyses to see if the codes made sense and fit into each category. The analogies were then sorted into categories and put to rest.

It was necessary to have a professional evaluation by a specialist in obstetrics and gynecology nursing/midwifery who had studied qualitative research design. The study's level of confidence was based on how comparable encoded data sets were to those used by experts and researchers. In Miles & Huberman's model, this similarity which is named internal consistency and conceptualized as consensus among decoders was calculated using the formula: $\Delta = C \div (C + \delta) \times 100$. In this formula, Δ : coefficient of confidence, C: number of subject/terms on which the consensus is reached, δ : number of subject/terms on which the consensus is not reached. It is expected that the level of consensus among controllers should be at least 80% according to coding control that provides internal consistency (Miles and Huberman, 1994; Patton, 2002). In this study, the level of confidence according to the formula was 93%.

Ethical considerations

The University Research Ethics Committee granted ethical approval with its decision dated April 15, 2022, and numbered 2022/009. Throughout the research, the four cornerstones of ethical research, namely respect for human beings, beneficence, non-harm and justice, were observed (Beauchamp & Childress, 2013). Participants were given written study information before data collection. The lead researcher made sure that the participation of all female participants was completely voluntary and that they could terminate their participation at any time.

RESULTS

Positive Feelings

When the metaphors created by the participants were analyzed, it was seen that only the "peace" metaphor was repeated twice, while the other metaphors were used once each. After the interviews and analyses, it was found that 10 women had positive thoughts about giving birth at home. The women used the metaphors peace (2), dream (1), education (1), sleeping (1), blue rose (1), miracle (1), holiness (1), pearl (1) and contemplation of the universe (1) to express their perceptions of home birth (Table 2). The categorization of positive feelings includes Comfort, Confidence, and Strength.

Table 2: Metaphors related to the concept of "birth at home"

Category Metaphor	N (%)	
	Source person	Metaphors
Positive Feelings	K1, K2,K4,K7,K8, K9,K10,K11,K12,K13	Peace (2), dream (1), education (1), sleeping (1), blue rose (1), miracle (1), holiness (1), pearl (1), contemplation of the universe (1)
Negative Feelings	K3, K5,K6	difficult (1), old people (1) and torture (1)

Theme 1: Comfort

This theme was associated with the comfort of the participants being in their own living spaces and birth-like actions that occur spontaneously in nature. Participants produced metaphors that emphasized the occurrence of home birth in their own comfort zone. The statements of the participants regarding the metaphors they produced in the comfort category related to giving birth at home are shown below:

"It's like sleeping at home, because you can do it shamelessly and without embarrassment." (K4)

"For me, giving birth at home is like giving birth to a blue rosebud, because you blossom like a rose and become bright like its color." (K8)

"For me, giving birth at home is like giving birth to a pearl because the sparkle is inside the shell" (K12)

Theme 2: Confidence

This theme is related to the participants' positive experiences of the safety provided by home birth and the happiness of giving birth and being a mother. Participants produced metaphors emphasizing the positive aspects of home birth. The statements of the participants regarding the metaphors they produced in the confidence category related to giving birth at home are shown below:

"It's like a beautiful dream because the effect stays in your mind." (K1)

"It's like peace of mind because you don't have to lie in bed all the time because your baby is in a more peaceful environment or because there are not so many people coming to examine you in your own home." (K7)

"Home birth is like peace because you can give birth without feeling ashamed." (K10)

Theme 3: Strength

This theme is related to the participants' belief that home birth is realized through the power of knowledge and the universe. Participants produced metaphors that emphasized the positive aspects of home birth similar to the sense of faith. The statements of the participants regarding the metaphors they produced in the strength category related to giving birth at home are shown below:

"It is similar to education because taking care of your birth is the skill of those who know." (K2)

"I can say that it is similar to witnessing an incredible miracle, because that baby will come into the world, and it is up to you to go with the flow and witness this beauty and then be grateful." (K9)

"Home birth is similar to sanctity because it is more in line with religion and more attention is paid to privacy." (K11)

"For me, giving birth at home is like contemplating the universe because you experience witnessing an existence in person. Like the sun rising and the rain falling, a baby comes into the world by doing what it should be, in its natural flow." (K13)

Negative Feelings

After the interviews and analyses, it was found that 3 women had negative thoughts about giving birth at home. The women used the metaphors difficult (1), old people (1) and torture (1) (Table 2). The categorization of negative feelings was handled under the theme of Fear.

Theme 1: Fear

This theme is related to women's concerns about not being able to fulfil their expectations about childbirth. Participants emphasized the negative aspects of home birth produced metaphors that make. The statements of the participants regarding the metaphors they produced in the fear category related to giving birth at home are shown below:

"It was difficult because I had fears and anxieties during the intervention." (K3)

"It's like torture because it's so hard." (K6)

"It's like the old people, because if there was any problem in labour, it could be difficult to intervene." (K5)

DISCUSSION

As a result of this study, it was observed that the majority of women had positive perceptions of home birth and that women generally valued the comfort and privacy provided by the home environment.

Metaphors are data collection tools that increase the scope of applicability by focusing on individuals and examining their perceptions in depth without directing the perceptions of the participants in scientific research (Güneş and Fırat, 2016). It is easier to evaluate how home birth and birth in different environments create an option, and how women who gave birth at home perceive this with metaphors. Because of that, perceptions of women about home birth were evaluated through metaphoric analysis in the study. In this study, mothers' perceptions about home birth were analyzed in two categories: positive and negative. When the literature was reviewed, there was no metaphoric study that directly evaluated the perceptions of women who gave birth at home about home birth. Thus, our findings were discussed together with qualitative and quantitative study results of a similar sampling group.

Positive Feelings

In the theme where positive metaphors of women's home birth were evaluated, it was determined that women who gave birth at home have a high awareness about the naturalness of birth and the confidence of a midwife. It is thought that the fact that women are in their natural environment without any routine practices during home birth contributes to their level of awareness (Rodríguez-Garrido et al., 2020). Nowadays, the basic reason for the increased demand for home birth might be a woman's desire to stay in her usual environment, not to lose control, and the presence of conscious awareness of birth (Bernhard et al., 2014).

One of the points that create positive feelings about home birth is privacy. At this point, the participants especially mentioned private areas. In a qualitative study where the importance of privacy at birth was evaluated, it was stated that women in need of intense privacy during birth don't want to share their room with other pregnant women because of shame (Hatamleh, Sinclair, Kernohan and Bunting, 2013). Demanding home birth is a strategy women use to provide birth privacy (Bernhard et al., 2014). In the literature, it has been stated that women who gave birth at home prefer the home because it is a more comfortable, safer and privacy-protected environment than the hospital (Del Mastro et al., 2021; Pérez et al., 2021). In addition, it is emphasized in the literature that attention to privacy during birth is an important key point that increases satisfaction during the birth experience (Masoumi, Niazi, Bakht, Roshanaei, 2016; Valizadeh, Heshmat, Mohammadi, and Motaghi, 2021). This study's results show that, women expressed their positive feelings as "comfort", and "without shame" based on their feeling about home birth indicate that they feel happier in an environment where privacy is protected.

Negative Feelings

The other result in the study is negative perceptions. Difficult birth affects women's birth perceptions negatively (Rodríguez-Almagro et al., 2019). It is thought that, if selection criteria for giving birth at home are not met, maternal and fetal complications may develop at birth and as a result, women may perceive birth as negative and difficult. In this study, women described home birth using metaphors such as "torture" and "old people". With this metaphor, women evaluate home birth as a crisis. It is recommended that home birth should be planned to be secure (Zielinski et al., 2015). When pregnant women give birth in an emergency or do not meet proper criteria, this could complicate birth and decrease birth satisfaction (Carquillat, Boulvain and Guittier, 2016).

In a situation where maternal and fetal health is negatively affected, women perceive birth as a difficult process and cannot intervene if necessary (Rowlands & Redshaw, 2012). Home birth is associated with minimally increased or similar adverse neonatal outcomes and favourable maternal outcomes for low-risk women, guided by guidelines, with trained midwives and obstetricians, and with minimally increased or similar adverse neonatal outcomes and favorable maternal outcomes when health integrated transfer systems are available, although evidence is insufficient (Kumru and Topuzoğlu, 2019). It is thought that the negative consequences of women who do not meet the appropriate criteria for home birth or who give birth at home under emergency conditions may cause negative feelings about home birth among women.

In conclusion, a planned risk assessment of all pregnant women and identification of high-risk pregnant women are needed to ensure safe conditions for home birth. There should be an adequate number and quality of trained health workers; emergency transport should be available when necessary; infrastructure should be ready; hospital connectivity should be ensured; and all health workers assisting in labour should be trained in neonatal resuscitation. Important issues, such as the knowledge of the mother, should be addressed. The priority of all these arrangements in terms of the health system, their cost, cost-benefit ratio, and their consequences for the health of the mother and the baby should be addressed.

CONCLUSION

In this study, metaphor was used to express the feelings of women who gave birth at home for the first time. Women added a powerful dimension to the study in terms of their concrete expressions about home birth experiences with their analogies.

In this study, most women stated their positive feelings about home birth in terms of comfort, confidence, and privacy. In addition, they also fear that there is always a risk of an accident that needs immediate intervention and the risk of losing the chance to intervene in case of complications. In this case, it is inevitable to formulate policies on home birth services and to provide a safe environment for home birth. Furthermore, it is recommended

to conduct qualitative and mixed-pattern studies with larger samples aiming to reveal mental images that enable multidimensional examination of home birth.

Author Contributions

Conception and design H.D.T., B.D. Data collection: H.D.T., B.D. Data analysis and interpretation: H.D.T. Manuscript writing: H.D.T, B.D., Ş.İ.D. Critical review: H.D.T.

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